

Date/Time Stamp  
RECEIVED BY THE SENATE  
17 MAR 13 AM 11:05

**SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING**

**Description/Title of Attached Forms:** Amended RE-2 Form

Purpose of Amendment (describe the reason for amending original submission):	Post-travel submission
must be amended with the Office of Public Records in SH-232.	

*(Signature of Traveler)*

SECRET

# Employee Post-Travel Disclosure of Travel Expenses

Date/Time Stamp:

SECRETARY OF THE SENATE

17 MAR 13 AM 11:05

**Post-Travel Filing Instructions:** Complete this form within 30 days of returning from travel. Submit all forms to the Office of Public Records in 232 Hart Building.

In compliance with Rule 35.2(a) and (c), I make the following disclosures with respect to travel expenses that have been or will be reimbursed/paid for me. I also certify that I have attached:

- ☒ The **original** *Employee Pre-Travel Authorization* (Form RE-1), **AND**  
☒ A **copy** of the *Private Sponsor Travel Certification Form* with all attachments (itinerary, invitee list, etc.)

Private Sponsor(s) (list all): Life Insurance Settlement Association (LISA)

Travel date(s): 01/29/2017 - 01/30/2017

Name of accompanying family member (if any): N/A

Relationship to Traveler: ☐ Spouse ☐ Child

IF THE COST OF LODGING DID NOT INCREASE DUE TO THE ACCOMPANYING SPOUSE OR DEPENDENT CHILD, ONLY INCLUDE LODGING COSTS IN EMPLOYEE EXPENSES. (Attach additional pages if necessary.)

## Expenses for Employee:

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
<input type="checkbox"/> Good Faith Estimate	\$236.00	\$196.28	\$41.00	N/A
<input checked="" type="checkbox"/> Actual Amount				

## Expenses for Accompanying Spouse or Dependent Child (if applicable):

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
<input type="checkbox"/> Good Faith Estimate	N/A	N/A	N/A	N/A
<input type="checkbox"/> Actual Amount				

Provide a description of all meetings and events attended. See Senate Rule 35.2(c)(6). (Attach additional pages if necessary.):  
Keynote address, provided by myself, to discuss tax, retirement, and financial/insurance-related issues before a widely-attended audience of financial and insurance professionals.

3-13-17  
(Date)

Eugene Preston Rutledge  
(Printed name of traveler)

[Signature]  
(Signature of traveler)

## TO BE COMPLETED BY SUPERVISING MEMBER/OFFICER:

I have made a determination that the expenses set out above in connections with travel described in the *Employee Pre-Travel Authorization* form, are necessary transportation, lodging, and related expenses as defined in Rule 35.

3-13-17  
(Date)

[Signature]  
(Signature of Supervising Senator/Officer)

# Employee Post-Travel Disclosure of Travel Expenses

Date/Time Stamp:

SECRETARY OF THE SENATE

17 FEB 27 PM 2:49

Post-Travel Filing Instructions: Complete this form within 30 days of returning from travel. Submit all forms to the Office of Public Records in 232 Hart Building.

In compliance with Rule 35.2(a) and (c), I make the following disclosures with respect to travel expenses that have been or will be reimbursed/paid for me. I also certify that I have attached:

- ☒ The original *Employee Pre-Travel Authorization* (Form RE-1), AND
- ☒ A copy of the *Private Sponsor Travel Certification Form* with all attachments (itinerary, invitee list, etc.)

Private Sponsor(s) (list all): Life Insurance Settlement Association

Travel date(s): January 29 - January 30, 2017

Name of accompanying family member (if any): None

Relationship to Traveler: ☐ Spouse ☐ Child

IF THE COST OF LODGING DID NOT INCREASE DUE TO THE ACCOMPANYING SPOUSE OR DEPENDENT CHILD, ONLY INCLUDE LODGING COSTS IN EMPLOYEE EXPENSES. (Attach additional pages if necessary.)

## Expenses for Employee:

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
<input checked="" type="checkbox"/> Good Faith Estimate	\$250.00	\$220.00	\$50.00	None
<input checked="" type="checkbox"/> Actual Amount	\$236.00	\$196.28	\$41.00	None

## Expenses for Accompanying Spouse or Dependent Child (if applicable):

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
<input type="checkbox"/> Good Faith Estimate				
<input type="checkbox"/> Actual Amount				

Provide a description of all meetings and events attended. See Senate Rule 35.2(c)(6). (Attach additional pages if necessary.):

7th Annual Life Settlement Institutional Investor Conference

2-27-17  
(Date)

Eugene Preston Rutledge  
(Printed name of traveler)

[Signature]  
(Signature of traveler)

## TO BE COMPLETED BY SUPERVISING MEMBER/OFFICER:

I have made a determination that the expenses set out above in connections with travel described in the *Employee Pre-Travel Authorization* form, are necessary transportation, lodging, and related expenses as defined in Rule 35.

2-27-17  
(Date)

[Signature]  
(Signature of Supervising Senator/Officer)

Form RE-2